

REC. NO.

NOTIFICATION OF DEMOLITION AND RENOVATION

IL 532 1296

APC 430 Rev.11/96

Illinois Environmental Protection Agency

P.O. Box 19276, Springfield, IL 62794-9276

The Illinois EPA is authorized to require, and you must disclose, the information on this form pursuant to 35 Ill. Adm. Code 201.302(a,b) and 254. It is not necessary to use this form in providing the information. Failure to disclose the information may result in penalties as provided for in the Environmental Protection Act, 415 ILCS 5/42-45. This form has been approved by the Forms Management Center.

1. TYPE OF NOTIFICATION (O-Original/R-Revised/C-Canceled): Original2. TYPE OF OPERATION (R-Renovation/D-Demo/A-Annual/O-Ordered Demo/E-Emergency Renovation): Superfund Removal3. FACILITY DESCRIPTION (Building Name): CelotexAddress: 661 W. Water StreetCity: WilmettonCounty: WillState: ILZIP: 60481

Location of Asbestos Containing Material (ACM) in structure:

Bldg. Size:

of Flrs. 1Age: 90Present Use: VacantPrior Use: Shingle ManufacturerFuture Use (Demo): Demo by Will County4. IS ASBESTOS PRESENT? Y N5. WORK HOURS: (Optional) 7:00 a.m. 5:30 p.m.6. SCHEDULED DATE DEMOLITION: NA

Start:

Complete:

7. SCHEDULED DATE ASBESTOS REMOVAL: 9/12/98

Start:

Complete: 9/30/98

8. REGULATED ASBESTOS CONTAINING MATERIAL TO BE REMOVED (RACM):

NONFRIABLE ASBESTOS NOT TO BE REMOVED (Demolition):

NONFRIABLE ASBESTOS TO BE REMOVED:

CATEGORY I

CATEGORY II

CATEGORY I

CATEGORY II

Pipes (Ln. Ft.)

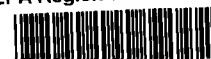
900

Surface Area (Sq. Ft.)

5,000

Volume (Cu. Ft.)

EPA Region 5 Records Ctr.



356572

9. ASBESTOS REMOVAL CONTRACTOR: Environmental Restoration LLCAddress: 16333 Westwoods ParkCity: EllisvilleState, Zip: MO 63021

Contact:

Phone: 888-814-747710. DEMOLITION CONTRACTOR: NA

Address:

City:

State, Zip:

Contact:

Phone:

11. OWNER NAME: Will County

Address:

City:

State, Zip:

Contact: Tax Assessor

Phone:

12. WASTE TRANSPORTER: American Disposal Inc. / EnvirotechAddress: 1800 Ashley Rd.City: MorrisState, Zip: IL 60450Contact: Greg PersuaPhone: 815-942-186413. WASTE DISPOSAL SITE: American Disposal Inc. / EnvirotechAddress: 1800 Ashley Rd.City: MorrisState, Zip: IL 60450Landfill Permit #: 0638140002Phone: 815-942-1864

Date Received

Input to ACTS

-AGENCY USE ONLY-

To Region 1 2 3

Post Mark Date

To Cook/City:

Champaign

LaSalle

Springfield

Rockford

Moline

Marion

14. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS.

Bulk Sample: Polarized Light Microscopy

ILLINOIS LICENSE NUMBER OF INSPECTOR: 500-0529

NAME OF ANALYTICAL TESTING LABORATORY: TEM Inc, Glen Ellyn IL

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

See Attached Work Practices

METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE DEMOLITION OR RENOVATION SITE:

See Attached Work Practices

17. IS DEMOLITION ORDERED BY A GOVERNMENTAL AGENCY? Y ☒ (If Yes, a signed copy of Order must be attached.)

Governmental representative ordering the activity:

Title:

Date of Order:

Ordered Demolition Date:

18. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency: 9-10-98

Description of the Sudden, Unexpected Event (e.g. structure in danger of eminent collapse):

Emergency Superfund Removal Action requires Asbestos Abatement to render site clean for Will County to demolish at a later date.

19. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

See Attached Work Practices

THE ABOVE INFORMATION IS REQUIRED PER NESHAP 40 CFR-SUBPART M-81.145, REV. NOV. 20, 1990.
ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION.

20. I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 81, SUBPART M, SHALL BE ON-SITE DURING DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION, FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator
(Original Signature Only, Photocopy Not Valid)

Date

Mail this form to: IL Environmental Protection Agency, Attn: Otto Klein, P.O. Box 19276, Springfield, IL 62794-9276

